



**MASON GENERAL HOSPITAL FOUNDATION  
AUXILIARY  
HIGH SCHOOL SCHOLARSHIP APPLICATION  
(Medical Related Fields)**

**Application Deadline: March 29, 2019**

***MGHF Auxiliary***

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College/University planning to attend: \_\_\_\_\_

Area of Interest or Major: \_\_\_\_\_

High School and/or Community Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience: \_\_\_\_\_

**Please attach these items to this completed sheet:**

- 1) An official copy of your high school academic transcript (Unopened)
- 2) Two letters of recommendation, one must be from an instructor.
- 3) A one-page statement of your personal and academic goals and accomplishments.
- 4) Photo (Optional)

**Return completed applications to: *High School Counselor***

\*\* If additional space is needed, please attach